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**United States Department of Energy  
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing	)	
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Filing Date: December 12, 2025	)	Case No.: PSH-26-0026
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Issued: April 1, 2026

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**Administrative Judge Decision**

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Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."<sup>1</sup> As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

**I. BACKGROUND**

The Individual was granted access authorization in 2011 in connection with his employment by a DOE contractor. Exhibit (Ex.) 12 at 141–42, 162 (providing information concerning the Individual's employment and clearance history on a 2023 Questionnaire for National Security Positions).<sup>2</sup> On March 18, 2025, the Individual submitted a Personnel Security Information Report (PSIR) to the local security office (LSO) disclosing that on March 15, 2025, he had been detained and charged with Driving Under the Influence (DUI).<sup>3</sup> Ex. 5 at 20–21. In August 2025, the LSO issued the Individual a letter of interrogatory (LOI) concerning the circumstances of the DUI and his alcohol consumption habits. Ex. 6.

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<sup>1</sup> The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

<sup>2</sup> The exhibits submitted by the LSO were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the LSO.

<sup>3</sup> The Individual was transported to his home by the officers who detained him in connection with the suspected DUI, and he was not arrested on the day he committed the offense. See Ex. 6 at 24.

In September 2025, the Individual underwent a psychiatric evaluation with a DOE-contracted Psychiatrist (DOE Psychiatrist). Ex. 9 at 71. The DOE Psychiatrist subsequently issued a report of the evaluation (Report) in which he opined that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition – Text Revision (DSM-5-TR)*. *Id.* at 82–83.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline G of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge, and I conducted an administrative hearing in March 2026. The LSO submitted twelve exhibits (Ex. 1–12) and the Individual submitted eight exhibits (Ex. A–H). The Individual testified on his own behalf and the LSO offered the testimony of the DOE Psychiatrist. Transcript of Hearing, OHA Case No. PSH-26-0026 (Tr.) at 3, 11, 37.

## **II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS**

The LSO cited Guideline G (Alcohol Consumption) of the Adjudicative Guidelines as the basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 5. “Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. The SSC cited the Individual having been charged with DUI and the DOE Psychiatrist’s opinion that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. Ex. 1 at 5. The LSO’s allegations that the Individual engaged in alcohol-related incidents away from work and was diagnosed with AUD by a duly qualified medical or mental health professional justify its invocation of Guideline G. Adjudicative Guidelines at ¶ 22(a), (d).

## **III. REGULATORY STANDARDS**

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all of the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person’s access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization “will not endanger the common defense and security and will be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

#### IV. FINDINGS OF FACT

##### A. Individual’s History of Alcohol Misuse

The Individual began consuming alcohol to intoxication regularly at age eighteen, at which time he consumed approximately eight to ten beers per sitting every other weekend. Ex. 9 at 74 (reflecting information provided by the Individual to the DOE Psychiatrist during a clinical interview). This pattern persisted until 2006, when the Individual’s son was born, at which time he reduced the frequency of his alcohol consumption to once monthly but continued to consume eight to ten beers to intoxication when he did drink. *Id.*

In 2020, the Individual’s alcohol consumption dramatically increased<sup>4</sup> as he began consuming a 750 mL bottle of vodka every three to four days in addition to his less frequent beer consumption.<sup>5</sup> *Id.* According to the Individual, this pattern of drinking persisted until some point in 2022 when he began abstaining from alcohol “due to realizing that he had a problem with his alcohol use and having conflicts with his wife [while intoxicated].” *Id.*; *see also* Tr. at 14 (testifying that “one night in particular” he consumed alcohol “to the point where [he did not] remember” the conflict). The Individual resumed consuming alcohol on what he characterized as an occasional basis in June 2023 and became intoxicated on each occasion.<sup>6</sup> Ex. 9 at 74.

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<sup>4</sup> In his hearing testimony, the Individual speculated that the increase in his alcohol consumption might have occurred in 2022. Tr. at 13. Considering that the Individual cited the fact that “COVID had hit” as a contributing factor to his increased alcohol consumption, his testimony equivocated as to the year in question, and his statement to the DOE Psychiatrist that the increase occurred in 2020 was made six months prior to the hearing when his memory of the events might have been more precise, I find that the increase in the Individual’s alcohol consumption occurred in 2020. *Id.* However, even if the Individual’s alcohol consumption had increased in 2022, it would make no difference to my conclusion in this case.

<sup>5</sup> 750 mL is equal to approximately twenty-five ounces. Accordingly, by the Individual’s own estimation, he was consuming an average of at least four to five standard 1.5-ounce shots of liquor daily during this period.

<sup>6</sup> The Individual claimed in his hearing testimony that, after becoming intoxicated in June 2023, he only consumed alcohol on one occasion from June 2023 to his March 2025 DUI. Tr. at 16–17. I do not credit this testimony. As explained *infra*, the Individual did not perceive that he was impaired when he decided to drive on the night he committed the DUI offense despite his breath alcohol content being estimated at a level consistent with heavy intoxication. The DOE Psychiatrist opined at the hearing that if the Individual did not feel impaired it was likely indicative of alcohol tolerance developed through “chronic, ongoing” alcohol use. *Id.* at 41–42. Considering the Individual’s prior pattern of alcohol misuse and the opinion of the DOE Psychiatrist, I find it more probable that the Individual engaged in heavy alcohol use prior to the March 2025 DUI than that he engaged in the incredibly infrequent alcohol use he claimed in his testimony.

## **B. The March 2025 DUI and Subsequent Legal Proceedings**

On March 14, 2025, the Individual attended a relative's funeral. Ex. 6 at 24 (reflecting the Individual's response to the LOI). Over the course of the evening, the Individual consumed alcohol to the point of intoxication. *See id.* (representing in response to the LOI that he consumed approximately forty ounces of beer, one glass of wine, and a "double shot" of liquor that evening); Tr. at 17–18 (providing a similar account); Tr. at 30 (testifying that he felt "buzzed" when he consumed the final drink).

At approximately 12:00 AM on March 15, 2025, the Individual attempted to drive home from the funeral event. Ex. 6 at 24. The Individual "felt fine" to drive and did not perceive that he was intoxicated. Tr. at 24, 31. Approximately one hour later, the Individual was stopped by law enforcement officers for expired registration. *See* Ex. 5 at 21 (Individual recounting the events in the PSIR). The law enforcement officers observed signs that the Individual was intoxicated, and the Individual admitted that he had consumed alcohol before driving. *Id.*; *see also* Tr. at 20 (Individual testifying that the officers "smelled alcohol"). The Individual failed a field sobriety test, and his blood alcohol content (BAC) was estimated at .12% via Breathalyzer test. Ex. 5 at 21.

The Individual was subsequently charged with DUI. Ex. 7 at 50–51; Ex. 8 at 54–57. The Individual pleaded guilty and was ordered to pay a fine, serve two days in jail, and serve a three-year term of probation. Ex. 6 at 25; Ex. 8 at 58. Pursuant to the terms of his probation, the Individual was required to abstain from alcohol, participate in a first-time offender DUI program (DUI Program), and submit to drug and alcohol testing at the direction of a probation officer. Ex. 6 at 25; Ex. 8 at 58; *see also* Ex. 9 at 74 (Individual stating in the clinical interview that he had an ignition interlock device installed on his vehicle).

Through the DUI Program, the Individual attended a weekly class for three months and six Alcoholics Anonymous (AA) meetings. Ex. 6 at 25. The Individual completed the DUI Program on August 15, 2025. Ex. G. According to the Individual he "didn't relate to any [of the AA participants]" because he perceived that "[t]hey were alcoholics" while he "could stop drinking and not have a problem." Tr. at 24.

## **C. Evaluation by the DOE Psychiatrist**

The Individual met with the DOE Psychiatrist for a clinical interview on September 12, 2025. Ex. 9 at 71. During the clinical interview, the Individual reported that he had consumed alcohol to intoxication on March 22, 2025, one week after the DUI. *Id.* at 74. He denied having consumed any alcohol since that date. *Id.* The Individual submitted to a phosphatidylethanol (PEth)<sup>7</sup> test immediately following the clinical interview. *Id.* at 80, 86. The results of the PEth test were

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<sup>7</sup> PEth is a biomarker for alcohol consumption that can be detected in blood for approximately one month following moderate or greater episodes of alcohol consumption. Ex. 9 at 80.

negative, which the DOE Psychiatrist opined was “consistent with the information he provided during the interview.” *Id.* at 83, 86.

The Individual denied that he “ha[d] a problem” with alcohol because he perceived that he could stop “drinking when he decided to.” *Id.* at 74. The Individual also denied any present or past problems caused by alcohol, except for interpersonal problems with his wife caused by his past alcohol consumption. *Id.* at 79. As of the date of the clinical interview, the Individual had plans to complete the AA meetings required pursuant to his probation, but was not pursuing any other form of treatment or formal alcohol abstinence support. *Id.* at 79–80, 84.

The DOE Psychiatrist found four *DSM-5-TR* diagnostic criteria for AUD applicable to the Individual:

- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol;
- Persistent desire or unsuccessful effort to cut down or control alcohol use;
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol;
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

*Id.* at 82. The DOE Psychiatrist found the first criterion applicable based on the Individual’s statements regarding his interpersonal problems with his wife while intoxicated. *Id.* The DOE Psychiatrist found the second and third criteria applicable based on the Individual’s repeated consumption of alcohol to intoxication beginning in 2023 despite his 2022 recognition that he was using alcohol maladaptively and decision to abstain from alcohol. *Id.* Finally, the DOE Psychiatrist found the fourth criterion applicable based on statements the Individual made in response to the LOI concerning feeling depressed the day after consuming alcohol to intoxication, which the DOE Psychiatrist construed as significant time spent recovering from the effects of alcohol. *Id.*; *see also* Ex. 6 at 28.

Based on the aforementioned considerations, the DOE Psychiatrist concluded that the Individual met sufficient criteria for a diagnosis of AUD, Moderate, under the *DSM-5-TR*. Ex. 9 at 82–83; *see also id.* at 81 (indicating that the presence of four or five diagnostic criteria for AUD warrants the modifier of “Moderate” under the *DSM-5-TR*). The DOE Psychiatrist recommended<sup>8</sup> that the Individual attend a twelve to sixteen-week intensive outpatient program (IOP) for alcohol treatment followed by attending an alcohol abstinence support program, such as AA, for at least three months. *Id.* at 84. He further recommended that the Individual abstain from alcohol for twelve months, demonstrating his abstinence through monthly PEth testing. *Id.*

#### **D. Individual’s Recent Activity and Updated Opinion of the DOE Psychiatrist**

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<sup>8</sup> The LSO requested that the DOE Psychiatrist provide recommendations as to “adequate evidence of rehabilitation or reformation.” Ex. 9 at 83. The DOE Psychiatrist provided one set of recommendations in the Report which did not distinguish between rehabilitation and reformation. *Id.* at 84.

In his hearing testimony, the Individual denied having consumed alcohol since becoming intoxicated in March 2025 shortly after his DUI offense. Tr. at 24, 28; *see also* Ex. H (letter from the Individual's wife denying having observed the Individual consume alcohol since the night of his DUI). However, the Individual produced no alcohol testing to corroborate his claimed abstinence. The Individual did not pursue alcohol testing as recommended by the DOE Psychiatrist because he did not "know how to go about [obtaining] alcohol testing." Tr. at 33.

The Individual does not believe that he currently "ha[s] a problem with alcohol." *Id.* at 34. The Individual's employer recommended that he meet with an employee assistance program representative related to his alcohol misuse, but the Individual did not do so because he "didn't want to do something that [he] didn't need" and he perceived that doing so would be "just for optics." *Id.* at 33–34.

The DOE Psychiatrist opined at the hearing that the Individual had not demonstrated rehabilitation or reformation because the Individual had not engaged in treatment or provided evidence of abstinence from alcohol through alcohol testing. *Id.* at 39. The DOE Psychiatrist opined that the Individual was "at increased risk for relapsing" due to his failure to comply with the DOE Psychiatrist's recommendations. *Id.* at 43.

## V. ANALYSIS

Conditions that could mitigate security concerns under Guideline G include:

- (a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) the individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; or,
- (d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

*Id.* at ¶ 23.

The Individual's DUI was an unusual occurrence in his life. However, the maladaptive alcohol use that led to his DUI was not. The Individual admitted to regular consumption of alcohol to intoxication for a significant period of his adult life. While he claims to have consumed alcohol only on rare occasions in more recent years, I do not credit this claim. Considering that the Individual did not feel intoxicated when he began driving on the night of his DUI, and that his

BAC when he started driving was likely higher than even the .12% measured when he was stopped by law enforcement, I find it highly probable that the Individual had developed a tolerance to alcohol consistent with the testimony of the DOE Psychiatrist. This tolerance would have developed through regular, elevated alcohol use, not the rare alcohol use the Individual claimed. As I find the Individual to be an unreliable narrator of his alcohol use, I cannot conclude that his maladaptive alcohol use was infrequent or occurred under unusual circumstances. Moreover, as the Individual did not undergo alcohol testing to substantiate that he is abstaining from alcohol, he has not presented sufficient facts for me to conclude that his alcohol misuse is not ongoing. Thus, I cannot conclude that any time has passed since his maladaptive alcohol use. For the aforementioned reasons, I find the first mitigating condition inapplicable. *Id.* at ¶ 23(a).

The Individual denies that he has a problem with alcohol, has not taken any actions to address maladaptive alcohol use except for the very limited court-ordered interventions, and did not undergo alcohol testing to prove that his maladaptive alcohol use is not ongoing. For these reasons, the second mitigating condition is inapplicable to the facts of this case. *Id.* at ¶ 23(b). The third and fourth mitigating conditions are inapplicable because the Individual did not pursue the alcohol-related treatment recommended by the DOE Psychiatrist. *Id.* at ¶ 23(c)–(d).

For the aforementioned reasons, I find that none of the mitigating conditions are applicable to the facts of this case. Moreover, I note that the DOE Psychiatrist opined that the Individual remains at significant risk of engaging in maladaptive alcohol use going forward due to his lack of treatment. Accordingly, I find that the Individual has not resolved the security concerns

## VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline G of the Adjudicative Guidelines. After considering all relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns asserted by the LSO. Accordingly, I have determined that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick  
Administrative Judge  
Office of Hearings and Appeals